



PATIENT

Jack Cuevas

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.75 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey,
DVM

HOSPITAL NAME

Vet View Mobile
Imaging

REFERRING VET

Dr. Roque-Torres,
DVM, MS, DACVIM

INVOICE

35530

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Presented for facial swelling and congestion. Full-mouth extraction on Apr 18. On Sep 29, swelling recurred; FNA showed mucopurulent material consistent with abscess. Treated with Convenia/Dex SP. On Oct 4, swelling returned; started 14 days of enrofloxacin. Referred to IM.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

All teeth are absent and atrophy of the alveolar bone in all jaw quadrants is appreciated.

The right nasal cavity is obliterated by an expansile, multicameral, heterogeneous contrast enhancing mass. Destruction of the associated nasal conchal structures is seen. The osseous lining of the right nasal cavity presents advanced aggressive osteolysis including the medial wall of the right orbital cavity – perforating the cranial fossa. The right nasal mass is protruding into the subcutaneous tissue along the nose and right orbital cavity. The right ocular bulb is displaced rostrolaterally by the mass effect. The nasal septum is deviated to the left.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive primary right nasal soft tissue neoplasia with polyostotic aggressive osteolytic lesions and perforation of the cranial fossa
- Secondary right sided exophthalmos
- History of full mouth dental extraction and secondary atrophy of the alveolar bone in all jaw quadrants

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right nasal soft tissue mass is consistent with primary nasal soft tissue neoplasia - differentials include adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. FNA sampling of the subcutaneous swelling –may not be diagnostic as the subcutaneous lesions appear to be filled with mucus – or rhinoscopy including biopsy can be performed for specification. The Adam tumor stage is 4.



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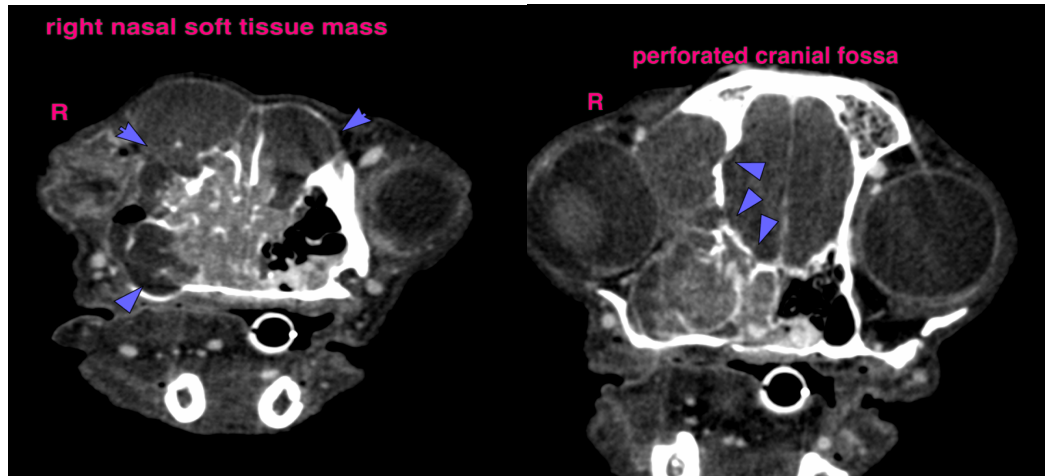
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com